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*Attorneys for Plaintiffs*

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF CALIFORNIA**

SELINA KEENE, MELODY FOUNTILA, MARK ) Case No.: 4:22-cv-01587-JSW  
MCCLURE, )

Plaintiffs,

) **PLAINTIFFS' NOTICE OF  
) LODGMENT**

v.

CITY AND COUNTY OF SAN FRANCISCO;  
LONDON BREED, Mayor of San Francisco in her  
official capacity; CAROL ISEN Human Resources  
Director, City and County of San Francisco, in her  
official capacity; DOES 1-100,

) Date: July 8, 2022  
) Time: 9:00 AM  
) Courtroom: 5

Defendants.

1 TO ALL PARTIES AND THEIR ATTORNEYS OF RECORD: PLEASE TAKE NOTICE  
2 that Plaintiffs have lodged documents with the Court. These documents are referenced in footnotes  
3 8-15 in Plaintiffs' Reply Brief to Defendants' Opposition to Motion for Preliminary Injunction,  
4 and are provided to simply aid the Court.

5 Respectfully submitted this 11th day of June 2022.

6 /s/ Russell Davis  
7 Russell Davis, Esq.  
8 PACIFIC JUSTICE INSTITUTE  
9 *Attorney for Plaintiffs*  
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## HEALTH AND WELLNESS

# Dr. Fauci on CDC mask guidelines: 'We are dealing with a different virus now'

Published Wed, Jul 28 2021•11:53 AM EDT

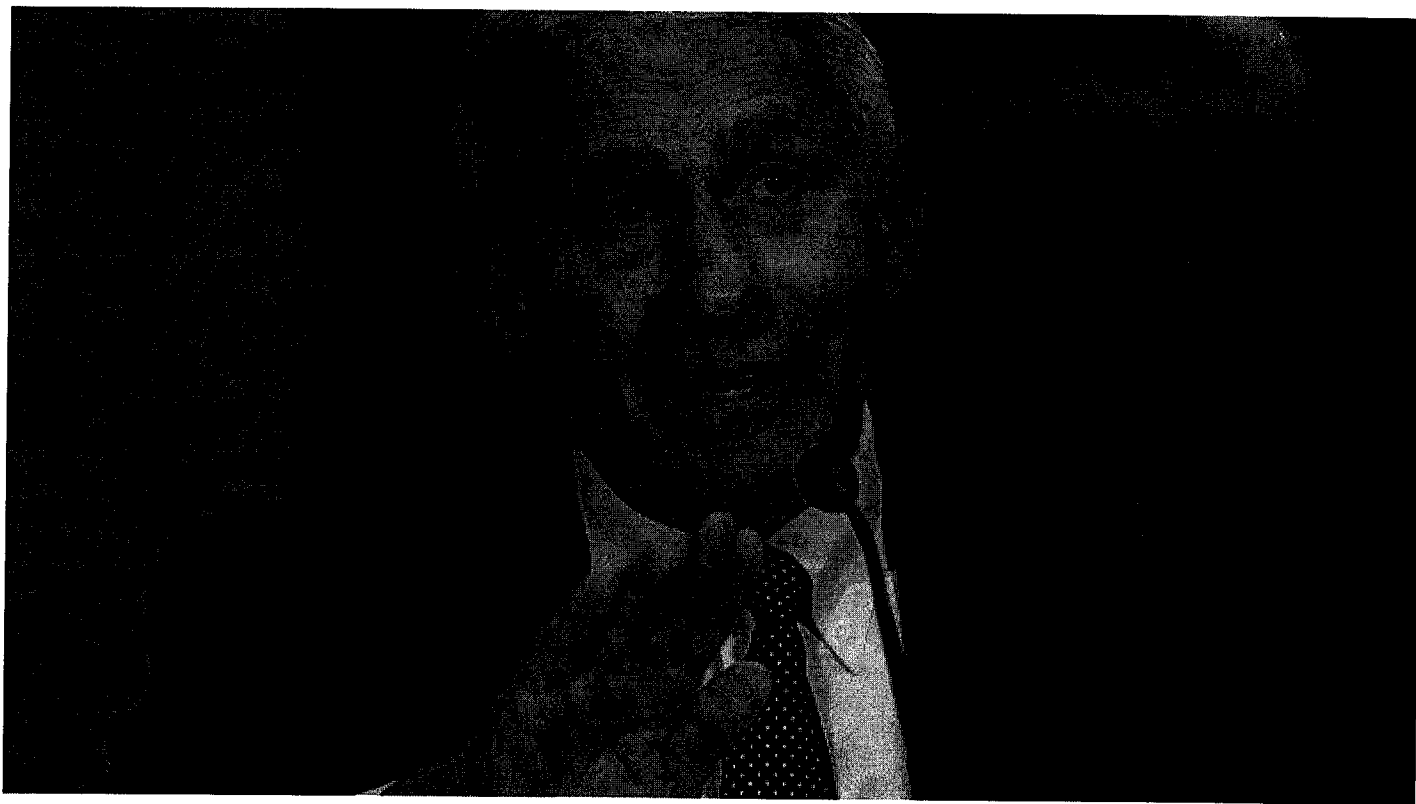
Updated Wed, Jul 28 2021•11:57 AM EDT



Cory Stieg

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**Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases, testifies at a Senate Health, Education, Labor, and Pensions Committee hearing at the Dirksen Senate Office Building on July 20, 2021 in Washington, DC. Stefani Reynolds | Getty Images**

**"We are dealing with a different virus now."**

That's what Dr. Anthony Fauci, White House chief medical advisor, told NPR Tuesday about the Covid delta variant.

"This is not the original virus that we were dealing with. This has different capabilities much more efficient in transmitting from person to person," he said, explaining why the Centers for Disease Control and Prevention's changed its mask guidelines.

Fauci said the CDC reversed its mask guidance on Tuesday — recommending that fully vaccinated people go back to wearing masks indoors in places where there are high transmission rates — because delta is now the dominant strain in the U.S. In May, when the CDC announced that fully vaccinated people could ditch their masks, the more transmissible delta variant only represented about 1-2% of infections in the U.S.

Delta is highly transmissible and acts "uniquely differently from past strains of the virus," CDC director Rochelle Walensky said during a call with reporters Tuesday.

Research suggests that delta is as much as 60% more transmissible than the previously dominant alpha variant.

And "we know now as a fact that [vaccinated people with Covid] are capable of transmitting the infection to someone else," Fauci told NPR.

Breakthrough infections, although rare, occur when a vaccinated person is infected with the virus. It had been unclear whether a vaccinated person would have enough virus in their system to pass it to others. But new data suggests that, yes, fully vaccinated people who are infected with the delta variant can transmit the virus to other people, Walensky said.

So the CDC recommends that even people who are fully vaccinated mask up indoors if they live in places where there is "substantial transmission" (counties that have 50 to 100 cases per 100,000 residents over a seven-day period) or "high transmission" (more than 100 cases per 100,000 people over seven days). Choose

your state and county on this CDC map to determine whether you need to wear a mask in your area.

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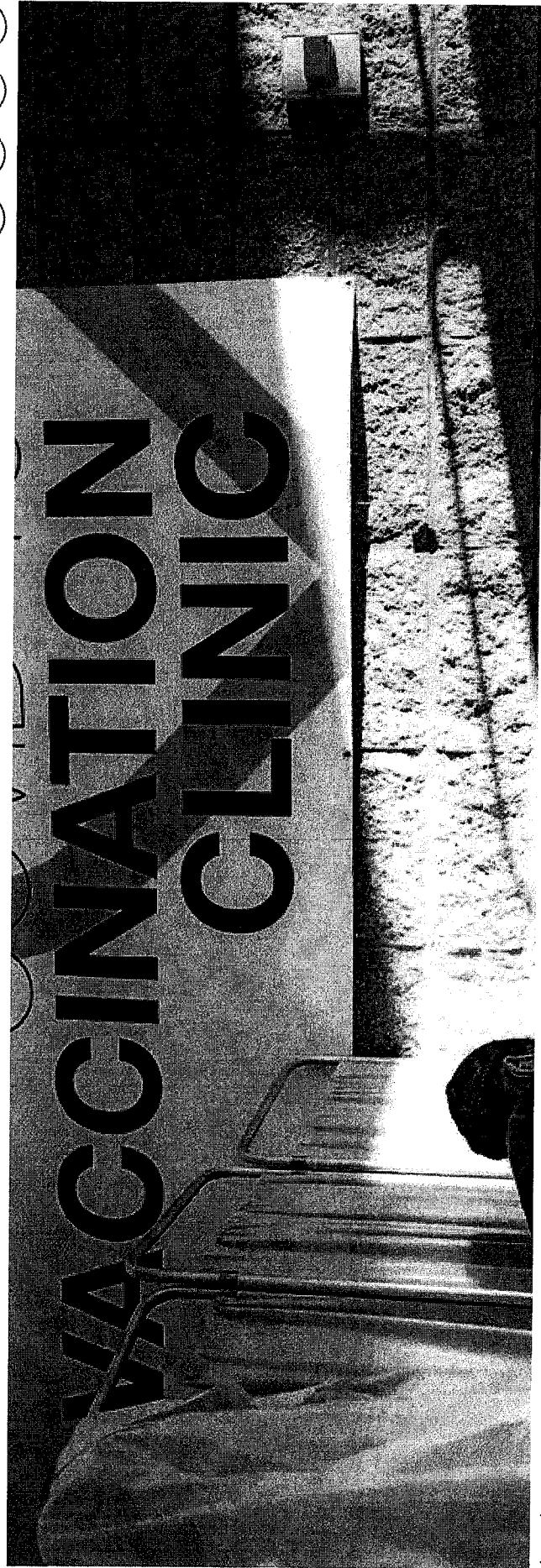
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# Top WHO scientist says vaccinated travelers should still quarantine, citing lack of evidence that COVID-19 vaccines prevent transmission

Thomas Colson Dec 29, 2020, 3:55 AM



5/30/22, 8:40 PM

WHO: No Evidence COVID-19 Vaccine Will Prevent Transmission



A COVID-19 vaccination clinic in Newark, Delaware, on December 21. REUTERS/Leah Millis

**The World Health Organization's chief scientist, Dr. Soumya Swaminathan, has urged people to be cautious with their behavior even after receiving a COVID-19 vaccine.**

**Swaminathan told a Monday briefing there was not yet enough evidence from vaccine trials "to be confident that it's going to prevent people from actually getting the infection and therefore being able to pass it on."**

**She added that at least for now, even people who had received the vaccine should still quarantine when traveling to countries with lower coronavirus transmission rates.**

**Vaccine researchers in the US are trying to determine whether vaccines can stop the virus from spreading or are effective only at preventing symptomatic cases of COVID-19.**

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5/30/22, 8:40 PM

WHO: No Evidence COVID-19 Vaccine Will Prevent Transmission

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The World Health Organization is urging even people who have received a coronavirus vaccine to quarantine when they travel because there is not yet evidence that vaccines prevent people from transmitting the virus.

WHO's chief scientist, Dr. Soumya Swaminathan, noted on Monday that the agency had not established whether the COVID-19 vaccines being administered across the US and in Europe prevented people from getting the virus and passing it to others.

"At the moment I don't believe we have the evidence of any of the vaccines to be confident that it's going to prevent people from actually getting the infection and therefore being able to pass it on,"

Swaminathan told a virtual briefing in comments unrelated her view  
<https://www.businessinsider.com/who-says-no-evidence-coronavirus-vaccine-prevent-transmissions-2020-12>

WHO: No Evidence COVID-19 Vaccine Will Prevent Transmission  
 Swaminathan told a virtual briefing, in comments reported by Axios.

Swaminathan was responding to a question about whether vaccinated people should still be required to quarantine when traveling to countries with lower transmission rates.

"I think until we know more, we need to assume that people who have been vaccinated also need to take the same precautions until there is a certain level of herd immunity that's been built in the population," she said.

Business Insider reported last month that vaccine researchers in the US hoped to determine whether vaccines could stop the virus from spreading or whether they prevented only symptomatic cases of COVID-19.

The answer to that question is significant, as a vaccine that prevents so-called asymptomatic transmission would help protect more than just the people who receive the shots.

Dr. Larry Corey, a virologist who is planning one study to answer that question, said last month that the study still needed funding as well as cooperation from the pharmaceutical companies that had

developed effective vaccines.

Three vaccines in the West have been found effective in large trials in preventing recipients from becoming ill or seriously ill with COVID-19.

Two of those, the Pfizer-BioNTech vaccine and the Moderna vaccine, are already being administered in the US and in Europe. The third,

developed by AstraZeneca and Oxford University, is likely to receive approval in the UK within days, according to the Financial Times.

Moderna's chief medical officer, Tal Zaks, said last month that he believed it was likely the vaccine would prevent transmission but warned that there was not yet "sufficient evidence" of it.

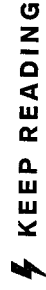
"When we start the deployment of this vaccine we will not have sufficient concrete data to prove that this vaccine reduces transmission," he told "Axios on HBO."

"I think it's important that we don't change behavior solely on the



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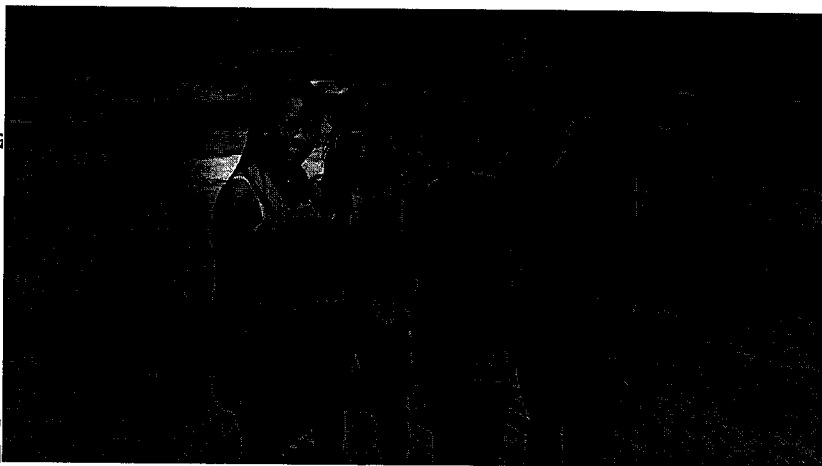
# Moderna boss says COVID-19 vaccine not proven to stop spread of virus

By Noah Manskar

November 24, 2020 8:45am Updated

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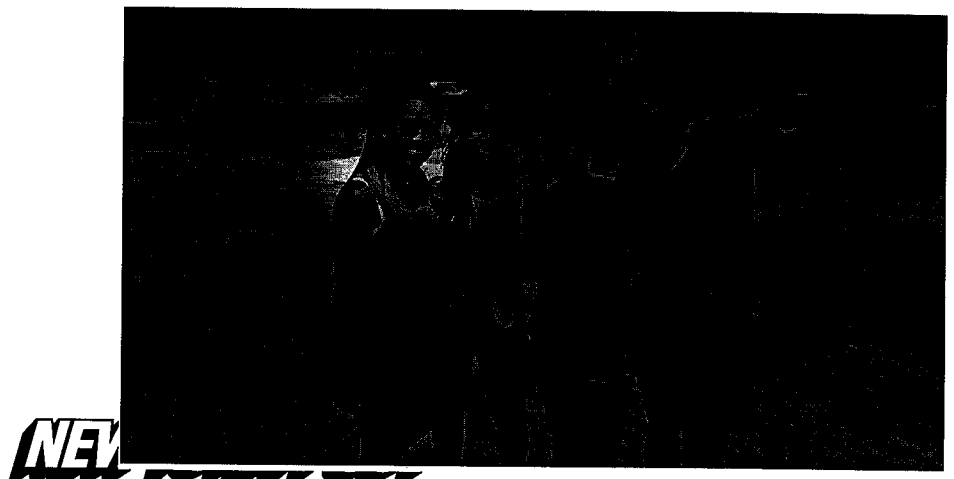
## North Korea reports surge in COVID deaths, Kim Jong Un slams slow response

Moderna's coronavirus vaccine may not get life back to normal right away because it hasn't yet been proven to prevent the deadly bug from spreading, the company's top doctor says.

Research has shown that the biotech firm's shot is effective at preventing people from getting sick with COVID-19, but there's no hard evidence that it stops them from carrying the virus "transiently" and potentially infecting others who haven't been vaccinated, according to Dr. Tal Zaks, Moderna's chief medical officer.

"I think we need to be careful, as we get vaccinated, not to over-interpret the results," Zaks told Axios in a TV interview released Monday. "When we start the deployment of this vaccine, we will not have sufficient concrete data to prove that this vaccine reduces transmission."

"Do I believe that it reduces transmission? Absolutely yes, and I say this because of the science," he added. "But absent proof, I think it's important that we don't change behaviors solely on the basis of vaccination."



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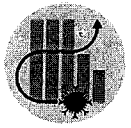
## Delta variant has wrecked hopes of herd immunity, warn scientists

There is no way of stopping Covid spreading through the entire population, experts tell MPs as they call for end of mass testing

By Sarah Knapton, SCIENCE EDITOR

10 August 2021 • 5:30pm





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The delta variant has wrecked any chance of herd immunity, a panel of experts including the head of the Oxford vaccine team said as they called for an end to mass testing so Britain can start to live with Covid.

Scientists said it was time to accept that there was no way of stopping the virus spreading through the entire population, and monitoring people with mild symptoms was no longer helpful.

Prof Andrew Pollard, who led the Oxford vaccine team, said it was clear that the delta variant could infect people who had been vaccinated, which made herd immunity impossible to reach even with high vaccine uptake.

It comes as Angela Merkel became the first major world leader to announce the end of free testing, with the provision set to stop in Germany from Oct 11.

On Tuesday, the Department of Health confirmed that more than three quarters of adults have now received both jabs, and calculated that 60,000 deaths and 66,900 hospitalisations had been prevented by vaccination. But experts said it would never be enough to stop Covid from spreading.

# How many people have been vaccinated?

*% of population vaccinated*

e.g Westminster or SW1W ODT



## Vaccinations

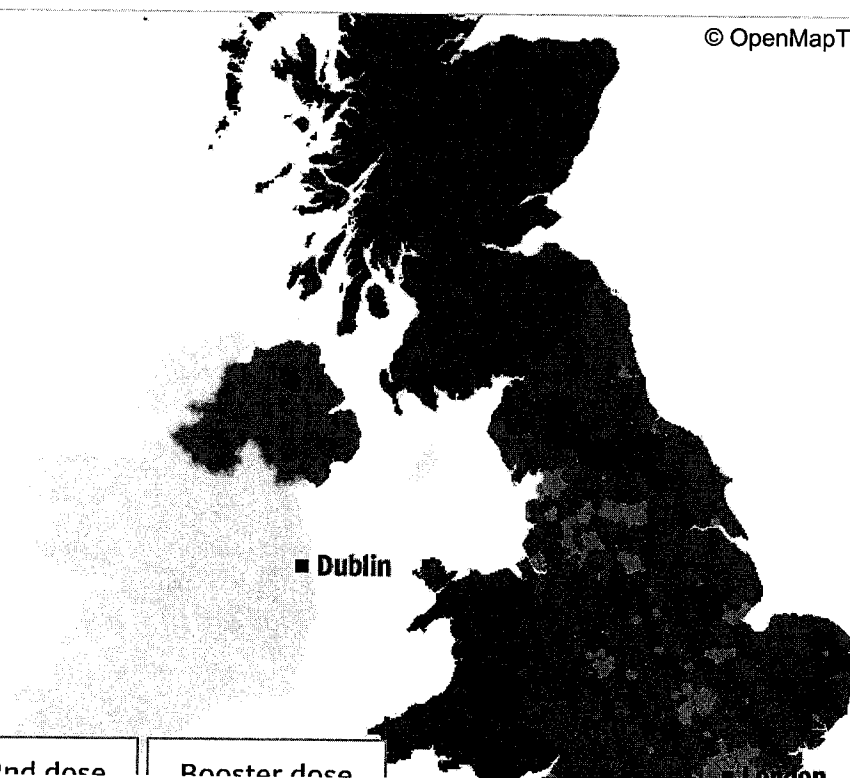
Booster dose    Second dose    First dose

Area Name	12+ population vaccinated
United Kingdom	92.93%
Most vaccinated areas: England	12+ population vaccinated
Hambleton	91.92%
Broadland	91.73%
North Kesteven	91.4%
Hart	91.39%
Staffordshire Moorlands	91.33%

## Rate (% adults vaccinated)

(0-40)    (40-60)    (60-80)    (80-90)    (90-95)    (95-100)

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Amsterdam



1st dose

2nd dose

Booster dose

See live coronavirus data | Search figures for your local area, track the UK's vaccine rollout, and see rate of infection by country >

Speaking to the all-party parliamentary group on Covid, Sir Andrew said: "Anyone who is still unvaccinated will, at some point, meet the virus.

"We don't have anything that will stop transmission, so I think we are in a situation where herd immunity is not a possibility and I suspect the virus will throw up a new variant that is even better at infecting vaccinated individuals."

Until recently, it was hoped that increasing the number of Britons jabbed would create a ring of protection around the population. As late as last week, the Joint Committee on Vaccination and Immunisation said one of the reasons it had advised that 16 and 17-year-olds should be vaccinated was because it may help prevent a winter Covid wave.

However, analysis by Public Health England has shown that when vaccinated people catch the virus they have a similar viral load to unvaccinated individuals and may be as infectious.

Paul Hunter, professor in medicine at the University of East Anglia and an expert in infectious diseases, told the committee: "The concept of herd immunity is unachievable because we know the infection will spread in unvaccinated populations and the latest data is suggesting that two doses is probably only 50 percent protective against infection."

Prof Hunter, who advises the World Health Organisation on Covid, also said it was time to change the way the data was collected and recorded as the virus became endemic.

"We need to start moving away from just reporting infections, or just reporting positive cases admitted to hospital, to actually start reporting the number of people who are ill because of Covid," he added. "Otherwise we are going to be frightening ourselves with very high numbers that actually don't translate into disease burden."

### Cases and deaths by local authority

Q

## Deaths

(0-64)      (64-71)      (71-80)      (80-107)      (107-124)      (124-254)

5/8

where we're constantly boosting to try and deal with something which is not manageable," he said.

"It needs to be moving to clinically driven testing in which people are willing to get tested and treated and managed, rather than lots of community testing. If someone is unwell they should be tested, but for their contacts, if they're not unwell then it makes sense for them to be in school and being educated."

Dr Ruchi Sinha, consultant paediatrician at Imperial College Healthcare NHS Trust, told MPs and peers that choosing not to vaccinate children would be unlikely to cause problems in the health service.

"What matters is the burden of patient hospitalisation and critical care and actually there hasn't been as much with this delta variant," she said. "They tend to be the children who have got their comorbidities, obesity, or severe neurological problems and those children are already considered for vaccination. Covid on its own in paediatrics is not the problem."

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By Charles Hymas

21 May 2022, 12:01pm

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# The Beauty of Vaccines and Natural Immunity

Jun 4 - Written By Jay Bhattacharya, Sunetra Gupta, and Martin Kulldorff

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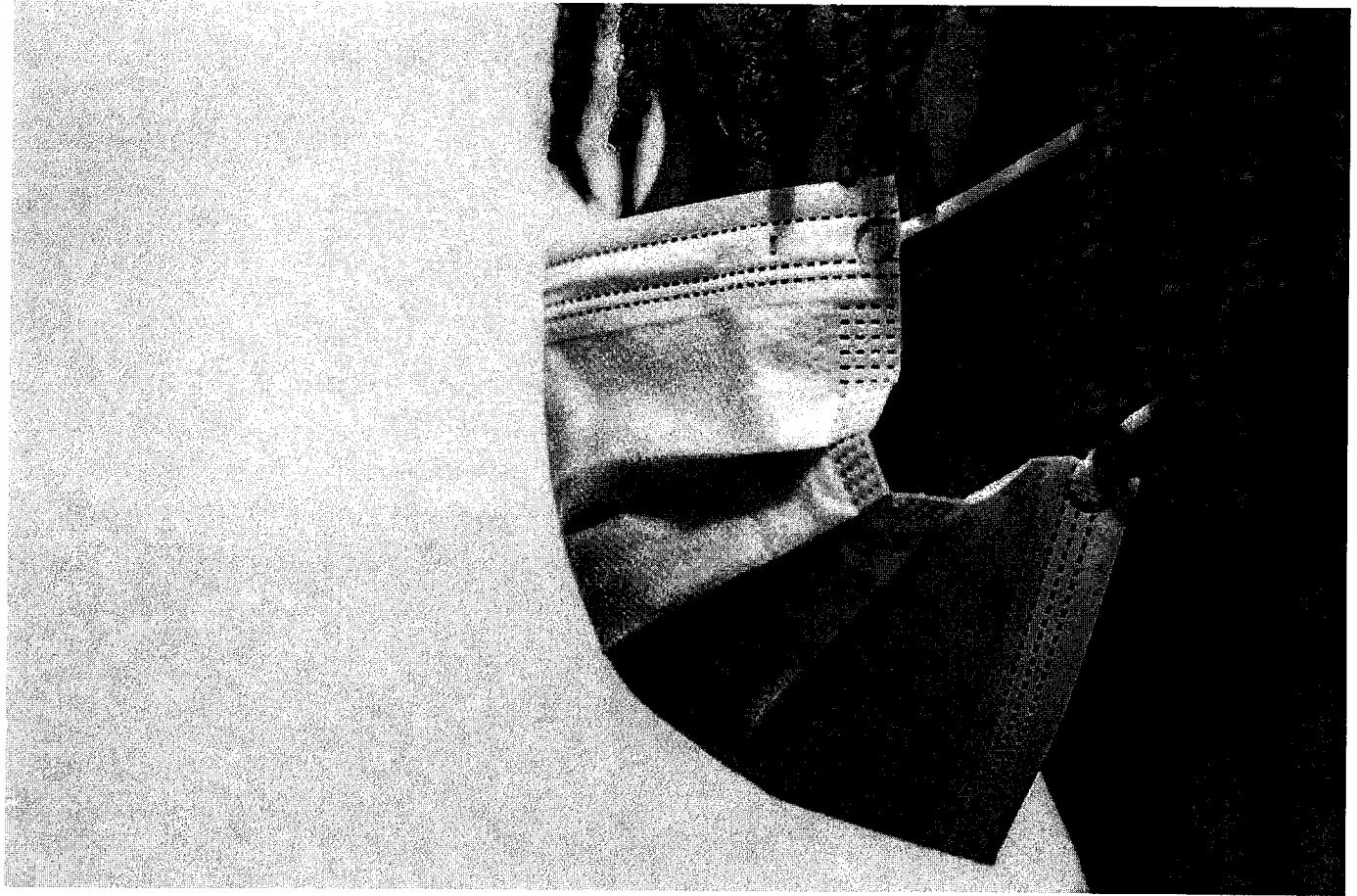


Photo by Kayla Speid | *Unsplash*

As scientists, we have been stunned and disheartened to witness many strange scientific claims made during this pandemic, often by scientists. None is more surprising than the false assertion made in the John Snow Memorandum – and signed by current CDC Director, Rochelle Wolensky – that “there is no evidence for lasting protective immunity to SARS-CoV-2 following natural infection.”

## Natural Infection Confers Protection Against Severe Disease

It is now well-established that natural immunity develops upon infection with SARS-CoV-2 in a manner analogous to other coronaviruses. While natural infection may not provide permanent infection-blocking immunity, it offers anti-disease immunity against severe disease and death that is likely permanent. And the millions that have recovered from COVID19, exceedingly few have become sick again.

Privacy - Terms

- Propagated by the media, the idea that infection does not confer effective immunity has made its way into decisions by governments, public health agencies, and private institutions, harming pandemic health policy. The central premise underlying these regulations is that only vaccines make a person clean. For instance:
- The state of Oregon has instituted a discriminatory vaccine passport system that provides privileges to the vaccinated but treats recovered COVID patients like second-class citizens even though natural infection confers disease protection.
- The European Union will be open to vaccinated tourists this June, but not to recovered COVID patients.
- The Centers for Disease Control (CDC) recently amended their mask guidelines, no longer recommending masks outdoor for those vaccinated. However, those who are immune by natural infection are out of luck and must continue to wear masks.
- Universities like Cornell and Stanford, which are supposed to be bastions of scientific knowledge, have mandated vaccines for students and faculty. Neither exempt people who are immune by dint of natural infection.
- Even the World Health Organization (WHO) has stumbled. In the fall, they changed their definition of herd immunity to something achieved through vaccination rather than a combination of natural immunity and vaccines. Only after a public backlash did they change it back in January to reflect reality.

## COVID Vaccines Should Be Used to Protect the Vulnerable

The COVID vaccines are a fantastic technology that, if used properly, can end the epidemic around the world. Among all medical inventions, vaccines have saved more lives than any other – except perhaps basic hygiene measures like proper sewage systems and clean drinking water. Vaccines themselves do not protect us; it is our immune system's reaction to the vaccine that protects us. The beauty of vaccines is that we can activate our immune system against serious diseases without becoming seriously ill.

Natural infection typically confers better and broader protection, but this comes at a cost to those who are vulnerable to severe illness and death. For those in the vulnerable group, including the elderly and those with chronic disease, it is safer to acquire future protection against the disease via vaccination than by recovering from the disease. At the same time, it makes little sense to ignore the scientific fact that infection does confer long-lasting future protection for the millions of people who have had COVID.

In the 18th century, milkmaids were considered “fair of face, the prettiest girls in all the land.” Unlike others, they did not have the common face scars from smallpox infection. Through their close contact with cows, they were exposed to and infected by cowpox, a mild disease that generates immunity to smallpox. In 1774, a Dorset farmer named Benjamin Jesty purposely inoculated his wife and two sons with cowpox, and vaccines were born (the Latin *vaccinus* = “*from cows*”).

Though vaccines are vital tools in fighting infectious diseases – including COVID – we should be mindful of the uses to which they are put and remember natural immunity in our policymaking. In an environment of worldwide vaccine scarcity, vaccinating those who have been sick with COVID-19 is not only unnecessary but immoral. By giving vaccines to the already immune, we are withholding life-saving vaccines for older high-risk persons who have not had the disease. There is a thousand-fold difference in the risk of mortality from COVID-19 infection between the young and the old. While most older, affluent Americans and Europeans have already been vaccinated, that is not true for those less affluent and certainly not for older people in India, Brazil, and many other countries. The denial of natural immunity has thus led to many unnecessary deaths.

Much of the impetus for vaccine passports has arisen from the false idea that universal COVID vaccination – including in young children in whom the vaccine has not been adequately tested – is necessary to end the pandemic. Given the natural history of the SARS-CoV-2 virus, the vaccines are likely only to confer long-term protection against severe disease rather than all infection *per se*. Any infection-blocking effects are probably short-term unless the vaccine does very much better than natural immunity, which is rare in medicine. As such, the vaccines cannot be used to achieve zero disease transmission. Instead, we should use the vaccines to protect the vulnerable against severe disease and death from COVID.

Businesses that exclude the unvaccinated are, in effect, discriminating against the working class and the poor who have already suffered through the disease. The lockdowns have protected the more affluent, “work-from-home” class while exposing those who deliver their food and provide other necessities. Since their immunity counts for nothing, many will be coerced into taking the vaccine to return to everyday life. Though the vaccine’s side effects are mostly mild, common vaccine adverse reactions may lead some workers to lose several days of income. Immunity denial is simultaneously heartless and scientifically ignorant.

## Restore Trust in Public Health and Science by Acknowledging Natural Immunity

The rapid development of Covid19 vaccines is a tremendous achievement for the scientific community and the public. The vaccines have already saved countless lives. It is the one bright spot in an otherwise dim track record for the public health community, which has failed to follow basic public health principles and gutted public trust in public health. To rebuild that trust, acknowledging natural immunity is an essential first step.

It is not enough that such affirmation comes from front-line scientists. Public acknowledgment of natural immunity must come from the top: from the directors of the Centers for Disease Control (CDC), the National Institutes of Health (NIH), the National Institutes of Allergy and Infectious Disease (NIAID), the Food and Drug Administration (FDA), the European Centre for Disease Prevention and Control (ECDC), and the World Health Organization (WHO). On the individual level, we need acknowledgments from leading academics and journalists – such as university presidents and scientific journal editors.

In his *History of the Peloponnesian War* (~400 BC), the Greek historian Thucydides wrote of a great plague that hit Athens in the middle of its war with Sparta. It killed a quarter of the inhabitants of Athens before the disease burned out (presumably because herd immunity hit). Here is the key passage from Book 51:

*“...more often the sick and the dying were tended by the pitying care of those who had recovered, because they knew the course of the disease and were themselves free from apprehension. For no one was ever attacked a second time, or not with a fatal result. All men congratulated them, and they themselves, in the excess of their joy at the moment, had an innocent fancy that they could not die of any other sickness.”*

The ancients understood immunology better than we do. If scientific leaders do not acknowledge immunity from natural infection, public confidence in vaccines and public health institutions will further deteriorate, imposing great harm to the public’s well-being.

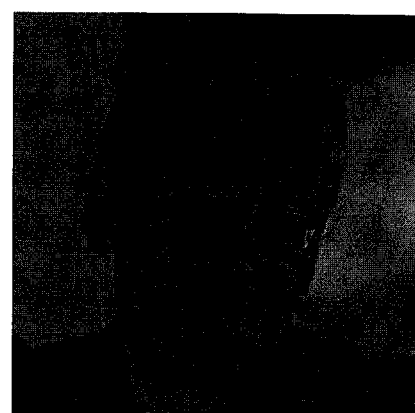
## About the Authors



Dr. Jay Bhattacharya is Professor of Medicine at Stanford University and a research associate at the National Bureau of Economic Research. Dr. Bhattacharya’s recent research focuses on the epidemiology of COVID, including the lethality of COVID infection and effects of



Sunetra Gupta is a novelist and Professor of Theoretical Epidemiology at the University of Oxford with an interest in infectious disease agents that are responsible for malaria, HIV, influenza and bacterial meningitis. She has been awarded the Scientific Medal by the Zoological Society of



Martin Kulldorff, Ph.D., is a biostatistician, epidemiologist, and professor of medicine at Harvard Medical. His research centers on developing and applying new disease surveillance methods for post-market drug and vaccine safety surveillance and for the early detection and monitoring

lockdown policies. Before COVID, Dr. Bhattacharya studied the health and well-being of vulnerable populations. He has published many articles in top peer-reviewed scientific journals in medicine, economics, health policy, epidemiology, statistics, law, and public health, among other fields. He holds an M.D. and Ph.D. in economics, both earned at Stanford University.

London and the Royal Society Rosalind Franklin Award for her scientific research. Her novels have been awarded the Sahitya Akademi Award, the Southern Arts Literature Prize, shortlisted for the Crossword Award, and longlisted for the Orange Prize and the DSC Prize for South Asian Literature.

infectious disease outbreaks. His methods are used by most federal and state public health agencies around the world, and by many local public health departments and hospital epidemiologists.

Valerie Biden visits the studio for a sit down conversation



FN 13

FULL TEXT LINKS



Euro Surveill. 2021 Sep;26(39):2100822. doi: 10.2807/1560-7917.ES.2021.26.39.2100822.

## Nosocomial outbreak caused by the SARS-CoV-2 Delta variant in a highly vaccinated population, Israel, July 2021

Pnina Shitrit <sup>1 2</sup>, Neta S Zuckerman <sup>3</sup>, Orna Mor <sup>3 4</sup>, Bat-Sheva Gottesman <sup>2 5</sup>, Michal Chowers <sup>2 5</sup>

Affiliations

PMID: 34596015 PMCID: PMC8485578 DOI: 10.2807/1560-7917.ES.2021.26.39.2100822

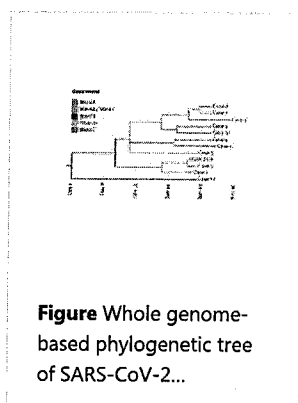
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### Abstract

A nosocomial outbreak of SARS-CoV-2 Delta variant infected 42 patients, staff and family members; 39 were fully vaccinated. The attack rate was 10.6% (16/151) among exposed staff and reached 23.7% (23/97) among exposed patients in a highly vaccinated population, 16-26 weeks after vaccination (median: 25 weeks). All cases were linked and traced to one patient. Several transmissions occurred between individuals wearing face masks. Fourteen of 23 patients became severely sick or died, raising a question about possible waning immunity.

**Keywords:** COVID-19; Delta variant; Israel; Nosocomial; SARS-CoV-2.

### Figures



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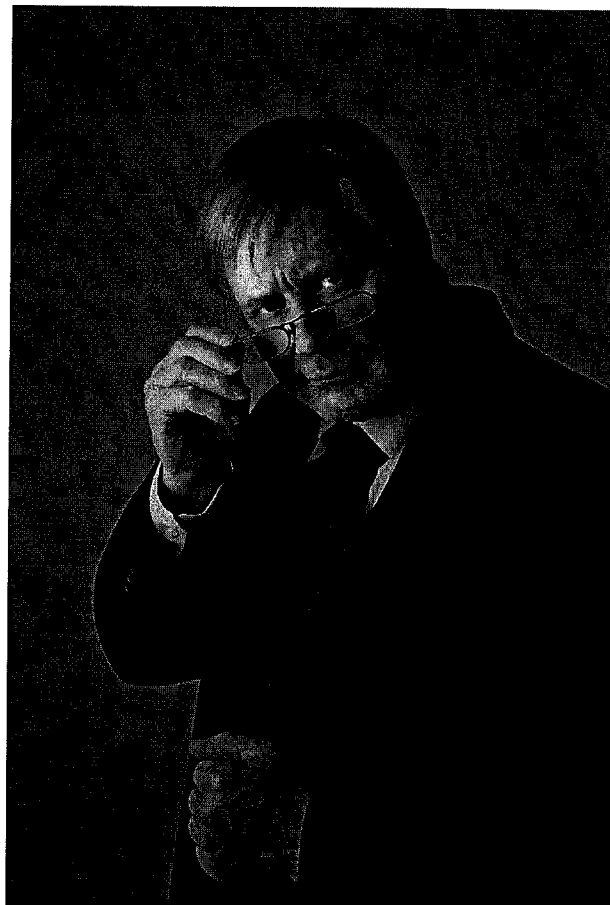
FN 14

8 14



# Who Are These COVID-19 Vaccine Skeptics and What Do They Believe?

Commentary, COVID-19, Healthcare & Welfare, Lawrence Solomon, Patricia Adams / November 14, 2021



Vaccine skeptics, vaccine refusers, vaccine deniers—these anti-vaxxers are scourges whose ignorance and misinformation are responsible for countless COVID-19 deaths, our public health authorities attest. Stamping their message out is so important that those with the biggest megaphones are being outed, threatened, and fired from their academic and medical posts, and wherever else they might be found.

So, who are these health heretics whose dangerous rhetoric is questioning prestigious public bodies such as the World Health Organization and the Centers for Disease Control and Prevention, blue-chip pharma companies such as Pfizer and Johnson & Johnson, and the great majority of governments?

Dr. Peter McCullough, author of over 1,000 publications with over 500 citations in the National Library of Medicine, is one of the most outspoken critics of government COVID policies. He testified to the Texas Senate HHS Committee that his treatment protocol including hydroxychloroquine and ivermectin led to an 85 percent reduction in mortality. He has also been critical of mass COVID-19 vaccination, in part given safety concerns about the vaccines.

"Today we have 800 cases of young people developing myocarditis, or inflammation of the heart," McCullough, a cardiologist and internal medicine physician, said in a webinar in June. "I'm going to opine that because there is no clinical benefit whatsoever in young people to get the vaccine that even one case is too many."

McCullough's past positions include membership on President Bill Clinton's advisory panel to health care and chair of over 24 data safety monitoring boards for the National Institutes of Health and the Food and Drug Administration. Following his criticisms of COVID policies, McCullough lost his positions (pdf) as vice chief of internal medicine at Baylor University Medical Center and chief of cardiovascular research at the Baylor Heart and Vascular Institute. He has been stripped of his editorship of Cardiorenal Medicine, and he expects to be stripped of all eight of his professional accreditations.

Dr. Byram W. Bridle, an award-winning associate professor of viral immunology at the University of Guelph's Department of Pathobiology, headed an advanced lab whose vaccine platform was funded by the Ontario government to develop a COVID-19 vaccine.

An expert in vaccinology, he states (pdf), "There is a plethora of scientific literature demonstrating that naturally acquired immunity against SARS-CoV-2 is likely superior to that conferred by vaccination only."

He adds that "research from three independent groups has now demonstrated that those with naturally acquired immunity experience more severe side-effects from COVID-19 vaccines than those who were immunologically naïve prior to vaccination. In other words, for those with natural immunity, vaccination is not only unnecessary, but it would put them at enhanced risk of harm. Knowing this, nobody should ever mandate COVID-19 vaccination."

Bridle, who has natural immunity but is now banned from the university campus for not complying with the university's vaccine mandate (pdf), believes that his workplace became "a poisoned environment where the bullying, harassment, and hatred against me have been incessant," and states his life has been "destroyed."

Dr. Robert Malone, the inventor of mRNA vaccines while at the Salk Institute in 1988, is also an inventor of DNA vaccines. He has some 100 peer-reviewed publications and published abstracts and 11,477 citations of his peer-reviewed publications. Malone believes that for "high risk populations, the risk/benefit ratio for the USA vaccines seem to make sense," but that it is "demonstrably false" to claim that "these genetic vaccines are the only path available to herd immunity" or "perfectly safe."

Malone, who is now allegedly subject to death threats, has become one of the most vilified scientists on earth, his accomplishments denigrated in magazines such as The Atlantic and throughout the mainstream and social media.

Others who have been vilified in the mainstream and social media include Dr. Jay Bhattacharya, professor at Stanford University Medical School, who stated that COVID-19 vaccination should be a matter of personal health and that "There's no public health reason for a mandate;" Dr. Sunetra

Gupta, infectious disease epidemiologist and professor of theoretical epidemiology at the University of Oxford, who stated that "it is really not logical to use vaccines to protect other people. ... The bottom line is that these vaccines do not prevent transmission;" and Dr. Martin Kulldorff, professor of medicine at Harvard Medical School, who stated that "Thinking that everyone must be vaccinated is as scientifically flawed as thinking nobody should. COVID vaccines are important for older high-risk people, and their care-takers. Those with prior natural infection do not need it. Nor children."

Many more eminent COVID-19 vaccine skeptics have remained silent, for fear of being punished. In the United States, the Federation of State Medical Boards warned that "Physicians who generate and spread COVID-19 vaccine misinformation or disinformation are risking disciplinary action by state medical boards, including the suspension or revocation of their medical license," a warning repeated in Canada by provincial licensing bodies such as the College of Physicians and Surgeons of Ontario.

The ranks of the so-called vaccine skeptics include a Who's Who of the world's leading scientists. Few in the public know of them because they've been silenced, censored, and sidelined. Public health authorities may brand them as unscientific COVID kooks, but McCullough, Bridle, Malone *et al.* haven't been the ones acting as snake oil salesmen, offering instant cures to anyone in the crowd willing to chance their medicine.

The hard sell, and sweeping claims, have been coming from the public health officials, most of whom have far fewer scientific accomplishments, and are far less knowledgeable, than the vaccine skeptics they cavalierly dismiss.

*Patricia Adams is an economist and the President of the Energy Probe Research Foundation and Probe International, an independent think tank in Canada and around the world.*

*Lawrence Solomon is executive director of the Toronto-based Consumer Policy Institute.*

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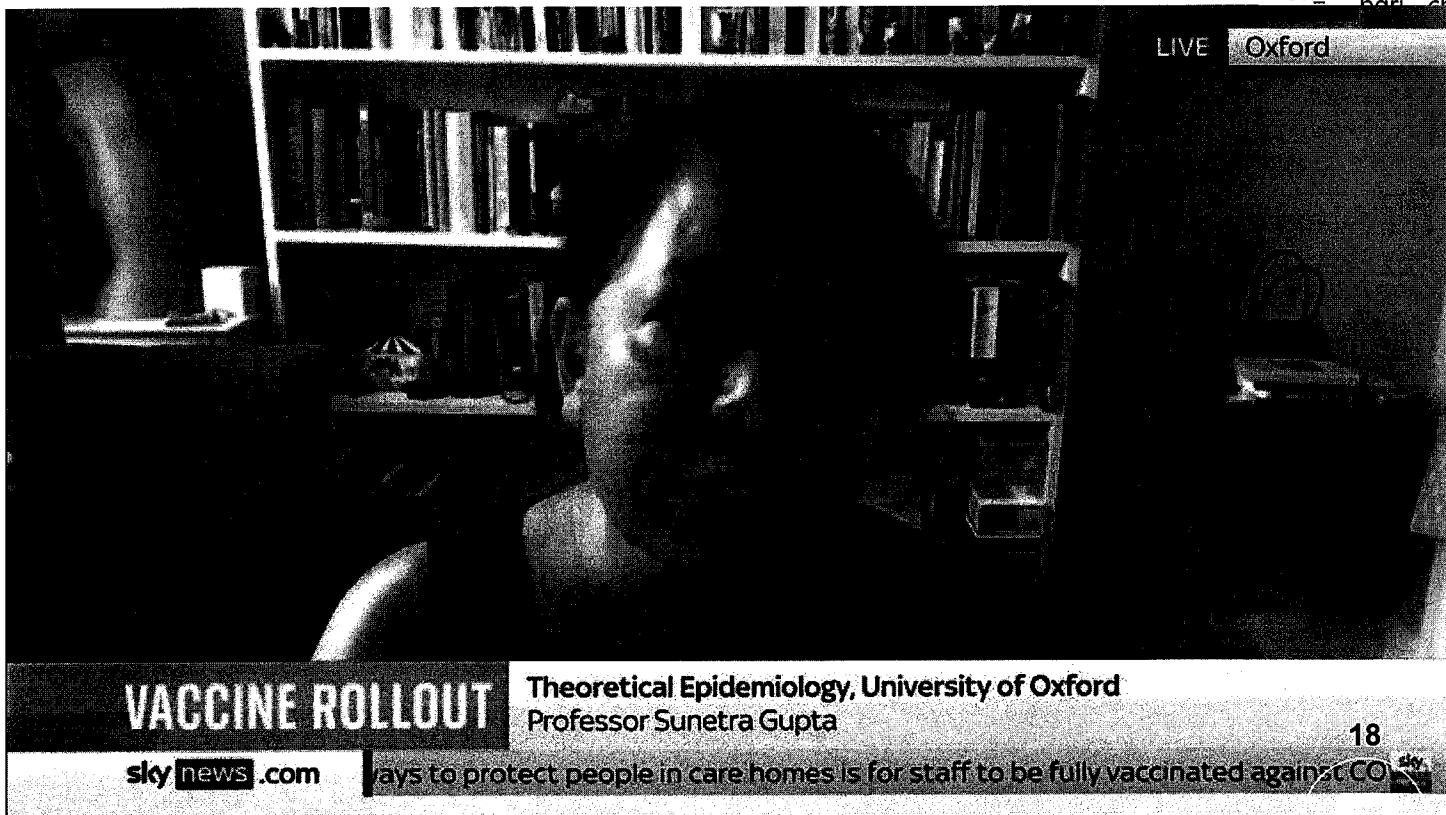
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## Oxford Scientist "It's Illogical & Unethical To Force Jab On NHS Staff"

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📅 September 9, 2021(<https://richieallen.co.uk/2021/09/09/>) ⌚ 8:28 am



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Comments

(https://richieallen.co.uk/oxford-scientist-its-illogical-unethical-to-force-jab-on-nhs-staff/#comments)

Speaking to SKY News this morning, Professor Sunetra Gupta, a theoretical epidemiologist at Oxford University, said that it is illogical and unethical to "foist a vaccine upon people in the hope that you can reduce transmission of a disease."

Speaking about the functionality of the jabs, Professor Gupta told Kay Burley:

*"They were never meant to be used to stop transmission or to allow people in particular settings to make them risk free. So it is really not logical to use vaccines to protect other people. The vaccine protects you, which if you are vulnerable is a very valuable thing."*

Burley interrupted and asked Gupta to clarify that she does not believe that NHS staff should not be forced to have the jab. Professor Gupta replied:

*"I don't think they should be forced to on the understanding simply because this vaccine does not prevent transmission. So if you just think of the logic of it, what is the point of requiring a vaccine to protect others if that vaccine does not durably prevent onward transmission of a virus?"*

*Obviously there are all sorts of ethical and political issues surrounding this. It's illogical to foist a vaccine upon people in the hope that you can reduce transmission of a disease."*

Burley asked her for her thoughts on jabbing 12 year-olds. Sunetra Gupta pulled no punches saying:

*"I absolutely do not think that is logical at any level I mean leave alone the ethics of using 12 year-olds as barriers for infection for the community. The bottom line is that these vaccines do not prevent transmission."*

*In the case of the 12 year-old it benefits neither the individual who is not at risk of severe disease and death, nor does it benefit the community. To ask children to bear that risk is for me, simply unacceptable."*



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## Richie Allen



Richie Allen is the host of The Richie Allen Radio show, Europe's most listened to independent radio show and is a passionate supporter of free